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ABSTRACT

Selected results from two nationwide surveys of subjective social indicators conducted in the Republic of Ireland in 1977 and 1978 are presented. Approximately 2,000 respondents were randomly selected from the Electoral Register for each of two surveys. The surveys were part of a series of experimental studies of subjective social indicators carried out in eight member countries of the European Community, under the auspices of the Statistical Office of the European Communities. The foci of the two surveys were health, housing, neighborhood, and working life. The results were examined with a view toward their implications for changes in educational programs, both in terms of innovative curricula, and structural changes in the educational system itself. Examples from the findings of the social indicator surveys were selected which were representative of a range of topic areas and had implications for different educational programs, including health education, training of medical personnel, education of managers, public servants and other policy makers. (PN)

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Social Indicator Surveys: Their
Implications for Educational Programmes

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I. Introduction

The major purposes for which nationwide surveys of subjective social indicators are carried out are generally acknowledged to include:

- (1) the measurement of people's quality of life in various life domains and the determinants of overall well-being;
- (2) the measurement of change over time in these measures;
- (3) the provision of information for social policy makers.

While providing inputs to educational programmes has not, to our knowledge, explicitly been cited as a purpose of social indicator surveys, it certainly is a valid outcome and could justly be seen as an example of how data from social indicator surveys may be of use to social policy makers.

Since this way of viewing our data was an exercise ex post facto, our examples were selected to be illustrative of the kinds of data that are possible to obtain by this means. However, if inputs to educational programmes were seen to be a major goal of the research, it might be appropriate to include at the outset a greater number of items relevant to education.

II. Method

In this paper we will present selected results from two nationwide surveys of subjective social indicators which were conducted in the Republic of Ireland in 1977 and 1978. The Ns in each case were approximately 2,000. Respondents were selected using a stratified random sampling procedure, with the Electoral Register as the sampling frame (Whelan, 1979). The two surveys were part of a series of experimental studies of subjective social indicators which were carried out on a harmonised basis in eight member countries of the European Community, under the auspices of the Statistical Office of the European Communities. These countries included France, Germany, Italy, the United Kingdom, Denmark, Belgium, the Netherlands and Ireland. Cross-national comparisons of some of this data have just been published (Davis, Fine-Davis and Meehan, 1982; see also Fine-Davis and Davis, in press). The major foci of the two harmonised surveys were health, housing, neighbourhood and working life, and we shall present examples of data from these spheres here. In addition, the Irish questionnaires contained items measuring attitudes to social issues in Ireland, including certain educational issues, as well as more general social-psychological characteristics and dispositions, such as alienation, economic optimism, etc. Examples of these will also be presented.

In examining our results with a view toward their implications for changes in educational programmes, we attempted to select findings which (1) were representative of a range of topic areas, and (2) had implications for different sorts of educational programmes, including health education programmes, training of medical personnel, education of managers in the workplace, public

servants and other policy makers. In addition, some of our data had implications for the structure of the educational system as it pertains to Irish school children. Thus, the aim of the paper is to illustrate by selected examples how findings of social indicator surveys may have implications for educational programmes, both in terms of innovative curricula, as well as structural changes in the educational system itself.

III. Results

A. Perceptions of Health Services

Several sets of questions were asked in the 1977 survey concerning respondents' experiences with health services. These included (1) their experience seeking help for urgent medical problems, (2) their experience with their own G.P., and (3) their experience of being in hospital. A summary of the data obtained are contained in Tables 1-3 of your handout. As can be seen from these tables, there was a generally high level of satisfaction with medical services. However, a trend which ran through the three types of health service experiences was a low but noteworthy enough level of dissatisfaction with the amount of information imparted by medical personnel. This was reported by 18% of those who had had contact with their own doctors in ordinary circumstances and of these, 92.5% found it anywhere from a little disturbing to very disturbing (Table 2(5)). Similarly, of those who had had to seek urgent medical treatment, 32% said that the people giving the treatment explained things only partially or not at all (Table 1e). Consistent with this pattern, a small but significant proportion (16.8%) of respondents who had been in hospital in the last five years felt that doctors and nurses had not given them enough information about their condition (Table 3(10)).

Again, for those for whom this was true, 90% found it disturbing. The fact that this finding occurred in three different sets of items tends to reinforce the reliability which we can place in it. The educational implications for health personnel, particularly doctors and nurses, would appear to be quite clear. Medical and nursing training programmes could well take note of these findings in the context of making their students aware of patients' psychological needs during health care.

B. Health Status of Sub-Groups

Another way in which social indicator data of this type could have educational implications concerns the identification of sub-groups in the population with particular needs which could be met by the educational system. For example, in the area of health, we examined sixteen sub-groups of the population on five social indicators of health (see Table 4). Analyses of variance had shown significant main effects of age, income and sex on measures such as self-assessed health, functional ability and number of symptoms, indicating poorer health on the part of older persons, those of lower income and females. These findings are illustrated on a simpler level in Table 4. Such sub-group means can easily bring to light a sub-group with a particular problem. For example, it may be seen that group 4 (low income, young urban females) demonstrates an unexpectedly high mean number of symptoms, in line with that reported by older low income women and quite out of line with all other groups of young women. It will also be noted that this group expressed greater dissatisfaction with health services of any of the 16 groups. Surely these two bits of information suggest the need for further probing. Are these young low income urban women being victimized

in some way by the high SES, male-dominated health services? The patterns in our data generally have suggested that older people are less likely to complain or express dissatisfaction than younger people. Given the poorer health of lower income women, perhaps the older women in this group have as much to complain about as the younger women, but are less inclined to do so. While further data would be desirable, on the face of it, these data suggest (1) that younger low income urban females would appear to be a target group which could benefit from health education programmes, and (2) that medical practitioners should re-examine the quality of the health delivery systems directed at this client group. The data thus have educational implications for the patients and the doctors.

C. Alienation and Socio-Economic Attitudes

Moving from the specific to the more global, our data on alienation and socio-economic attitudes would appear to have implications for the education, or to use Biderman's (1970) word, "enlightenment", of policy makers (Campbell, 1976).

As Schneider (1976) has pointed out:

Most social indicators research has been more generally 'descriptive' rather than concerned with the impact of public policies and the role of government in creating or altering social conditions (p. 298) ... Perhaps it is time to be less concerned with a vague notion of the 'quality of life' ... and instead try to accurately relate changes in more carefully specified societal conditions to the actions of government and its agencies ... it is possible that social indicators research would have served us better had it taken the alternate and probably more difficult road of developing means of assessing the social and political impacts of government action rather than focussing on the evaluation of the appealing but evasive concept of 'quality of life'. (p. 304).

The linking in one survey of sections measuring living conditions as well as social, economic and political attitudes enables one to begin to examine, at least indirectly, the sorts of things Schneider seems to be advocating. For example, as illustrated in Table 5, a variety of subjective social indicators related to health, housing and neighbourhood are inter-correlated with various social-psychological, economic and socio-political attitudes and clear-cut patterns are apparent. Those with poorer quality housing and lesser satisfaction with their housing and neighbourhoods were significantly less likely to express life satisfaction or self-esteem, and were more likely to be high on anomia. They tended to be economically pessimistic - feeling they would be worse off next year - unwilling to support wage restraint, they tended to favour State vs. private ownership of industry and property. In terms of political attitudes, they tended to be politically "sceptical", a gentler word than "alienated". Call it what you will, they tended to endorse items such as:

"One good strong leader would be far better for our economy than the present political system"

"It is useless to plan for tomorrow, all we can do is live for the present"

"There are some problems which can never be solved by democratic methods"

An examination of the relationship between health and social attitudes shows a pattern similar to that observed with regard to housing and neighbourhood. Those with poorer health were significantly less likely to express life satisfaction and self-esteem; they were more likely to express anomia and political scepticism.

Table 6, presenting intercorrelations between social-psychological attitudes on the one hand and attitudes to socio-economic issues on the other, elaborates upon the relationships referred to in Table 5. The strongest relationship (significant far beyond the .0001 level) is between Economic Pessimism and Political Scepticism, indicating that those who do not feel economically secure, those who feel they will be worse off next year, are significantly more likely to have doubts about democratic methods and the existing political system, and as noted above, they are receptive to the idea of one good strong leader as a panacea. While one would not want to read too much into this finding, one is nevertheless reminded of the historical precedents in which those in an economic depression were vulnerable to the appeals of so-called strong leaders with anti-democratic ideology.

When these data were collected in 1977 there had been a tendency toward recession in Ireland, although this was in the overall context of economic growth. Since that time, Ireland, along with much of the rest of the world, has sustained prolonged economic difficulties, including high inflation (averaging 15 - 20%) and high unemployment, particularly affecting young entrants to the workforce. In this kind of economic climate, the existence of such attitudes are worrying. Although people have not "taken to the streets" in any riotous form, discontent has been manifest by several large protest marches concerning perceived inequities in the tax system. There has also been an increase in crime and vandalism.

Returning to Table 5, the consistency with which basic measures of life quality in areas such as health, housing and neighbourhood correlate with psychological, socio-economic and political attitudes points out the imperative

need of politicians and other public servants to be guided by human needs in deciding policy and allocating resources. If they are only concerned with economic factors, such as balancing the budget, reducing foreign borrowing, etc., and overlook the human factors in the equation - poor health, housing without basic amenities, poor self-esteem and hopelessness due to lack of jobs - they may do so at their own peril. In this sense, social indicator data of this type may help - if it is disseminated properly - to make policy makers more aware of the wider implications of their decisions.

D. Perceptions of the Quality of Working Life

Another area in which subjective social indicators could have an educational impact would be in on-the-job training programmes for supervisors and managers in the workplace as well as trade union officials. Our second survey, which was largely concerned with the quality of working life, examined a wide array of work variables and their relationship to such dependent variables as overall work satisfaction and intention to change jobs. These relationships were examined separately for workers in different SES groups. Table 7 of your handout, for example, presents data on workers' satisfaction with 16 different work characteristics. Mean scores for different demographic groups are shown and significant main effects of these and interaction effects (based on 3-way ANOVAs) are also indicated. Some of the effects of socio-economic status are particularly interesting. For example, it is apparent that workers in lower SES jobs are significantly less satisfied with the content and type of work they are doing, with their degree of participation in decision-making and with their degree of autonomy. They were also significantly less satisfied with safety and health protection, relationships with superiors, opportunities for further training and numerous

other aspects of their working lives. Interestingly enough, there was no significant effect of SES on satisfaction with earnings. Yet in recent years in Ireland the unions have consistently and strongly pressed for wage increases. While these are no doubt legitimate, particularly in view of the high rate of inflation, the fact that many of these other aspects of work life have not been made issue of is worth considering. Is it perhaps the case, as Hoffman (1974) has pointed out "... that inarticulate and unacceptable frustrations and desires on the part of workers often find expression in the form of wage demands (p. 36)". These may be easier and perhaps more socially acceptable to express than more vaguely felt needs. The fact that some of these other work attributes are very important to lower SES workers was further suggested by the results of a multiple regression analysis in which 44 objective characteristics and subjective perceptions related to work were entered in a stepwise programme, with overall job satisfaction as the criterion measure. This was performed separately for high and low SES workers, as shown in Tables 8 and 9. Whereas satisfaction with earnings was the strongest predictor of overall work satisfaction among white-collar workers, it was third for blue-collar workers. Satisfaction with content and type of work was the most significant predictor for the blue-collar group, followed by involvement in work. These findings are surprising and unexpected. One might have expected the reverse, i. e., for earnings to have been more important to less well paid workers and for content and type of work, involvement, etc., to have been more important for the better paid. These results are hard to explain. However, they clearly point to the fact that content and type of work and the ability of work to be involving are very important attributes of jobs for

all workers, particularly of blue-collar workers, a fact which surely should be borne in mind in the context of industrial relations and bargaining. An awareness of findings such as these could perhaps also be conveyed in training courses (on-the-job or otherwise) for managers and supervisors to help prepare them to structure jobs in such a way as to optimally meet the multiple psychological needs of their workers.

E. Attitudes Toward Educational Issues

All of the examples discussed so far have been presented in terms of their potential usefulness in providing input to educational programmes of one kind or another. We should now like to turn to some data which is directly concerned with the educational system itself, as it presently exists in Ireland.

As you undoubtedly are aware, Ireland is a predominantly Catholic country. Approximately 95% of the population are Roman Catholic and religion is a very important part of the culture. As a consequence, most schools, both primary and secondary, are managed either by Church bodies or religious orders (Tussing, 1978).

Another notable feature of the Irish educational system is that the education of the sexes has tended to be separate. However, J. J. Lee, Professor of Modern History at Cork, has argued that from an historical point of view it was actually economic reasons (rather than religious reasons) which contributed to the separation of the sexes. During the period after the Famine, the proportion of women who remained unmarried was exceptionally high by international standards, in spite of high rates of female emigration between 1850 and 1950, which reflected their poor marriage prospects in Ireland. As Lee points

out in hard-nosed fashion:

Marriage might be a sacrament, but for the farmer the marriage contract was essentially a commercial transaction and it devalued the family currency to put two daughters on the marriage market. A society dominated by strong farmers, and providing little female employment, inevitably denied most of its children the chance of rearing a family in the country. It was therefore crucial to maintain the economic dominance of the new orders that all thoughts of marriage in Ireland should be banished from the minds of the majority of Irish youth. Temptation must not be placed in their way. Sex, therefore, must be denounced as a satanic snare, in even what had been its most innocent pre-Famine manifestations. Sex posed a far more subversive threat than the landlord to the security and status of the family. Boys and girls must be kept apart at all costs (Lee, 1978, p. 39).

However, others (e.g., Q'Flynn, 1976; Commission on the Status of Women, 1972) have pointed out that the perceptions of the Church concerning the proper role of women have also helped to shape the educational system.

Recently concern has been expressed over the fact that sex-segregated education has contributed to unequal educational opportunities for girls given the differential curricula in girls' and boys' schools, leading to unequal employment opportunities (Ibid.; McCarthy, 1978). In view of this, demand for co-education is increasing (Women's Representative Committee, 1976).

These two educational issues - segregated vs. co-education and religious vs. non-religious control of schools - have important implications for Irish society in a number of respects. The continuation of sex-segregated education is likely not only to affect women's career opportunities, but is also probably a major contributor to the development of stereotyped sex-role attitudes and a

lack of familiarity between boys and girls, which is perpetuated until the courting years. The issue of religious control of schools may not be as important in terms of inter-group relations in the Republic of Ireland as it is in Northern Ireland, since in the Republic only 5% are of minority religions, whereas in the North the split is two-thirds/one-third. Nevertheless, the majority Protestant community in the North is very sensitive to the Catholic ethos in the Republic in the South. Any desires which the South has toward reunification - and these are strong (cf. Davis and Sinnott, 1979) - would be more palatable to Northern Protestants in the context of movement toward a more pluralistic society. Modifying the educational system is one possible way to help create such a pluralistic society.

Changes in policy usually follow changes in public attitudes. One way of assessing public attitudes is via social indicator surveys. Embedded in one of the two surveys described were two sets of items designed to measure in a differentiated way people's attitudes to these two educational issues. The Issue Differential (ID), developed by Davis (1977), was used in this case. Based on the Semantic Differential technique (Osgood et al., 1957), the Issue Differential was developed in Ireland specifically to measure people's attitudes toward issues. Several ID factors, identified in the original research, were used to measure different components of respondents' attitudes to these issues. These included (1) evaluation, (2) importance, (3) familiarity, and (4) feasibility (or difficulty).

Percentage distributions of Ss' ratings of bi-polar adjective pairs for the stimuli "Co-education" and "Non-religious Direction and Control of Schools" are

shown in Tables 10 and 11, with the responses grouped according to the four ID factors. The overall picture to emerge regarding attitudes to co-education (as may be seen in Table 10) is that quite a large majority are familiar with this issue, perceive it as important and hold positive attitudes toward it. However, in spite of this general consensus, many still perceive it as controversial and a sizeable number - though not a majority - perceive it as "costly". This suggests that greater progress toward co-education may be impeded by perceptions of its controversiality as well as the cost of its implementation, rather than by a negative evaluation of it as a policy.

The issue of non-religious control and direction of schools shows a somewhat different profile on the ID factors. It is somewhat less familiar to respondents than co-education, it is considered important, but slightly less so than co-education and people are much more mixed in their evaluation of it. In fact, whereas a majority were positive in their evaluation of co-education, a majority were negative toward non-religious control of schools on the "good-bad" continuum. The Feasibility factor revealed that a majority saw this issue as "unfeasible", i.e., difficult, costly and very controversial.

Data of this type can thus offer a differentiated picture of how people perceive various issues, including educational issues. Such information can be used in various ways. It can be used by policy makers to help guide their decisions. It can be used by interest groups wishing to bring about social change. It can also be used in the classroom as a teaching tool to make students aware of the complexity of attitudes in their society. For example, in the case of the two educational issues discussed above, the data could be discussed in the context

of the development of sex-role stereotypes, equal opportunities for women, and pluralism. Given the nature of the educational system, it is unlikely that such discussions could take place in sex-segregated, denominational secondary schools. However, they certainly could and have taken place in social psychology classes in the university.

IV. Summary and Discussion

In conclusion, we have attempted to illustrate through reference to some of our data that social indicator surveys can have many potential applications to educational settings. We have cited examples in the area of health which have implications for the training of doctors and nurses, particularly in terms of making them more aware of patients' perceptions of health care and in terms of meeting patients' psychological needs. We also illustrated, again in the area of health, how social indicator surveys could facilitate the identification of sub-groups with particular needs. Such information could be used in planning health education programmes.

Drawing upon our working life data, we then identified relationships between work characteristics and overall work satisfaction, noting differences between low and high SES workers. It was pointed out how such data could have potential usefulness in on-the-job training of managers and trade union officials. It could, of course, also contribute to the body of knowledge in occupational psychology. One difficulty, however, which one runs into in social indicator research is that one risks obtaining findings which have already been obtained in other more specialized studies. However, the advantages of nationwide

samples and the coverage of many issues and domains simultaneously hopefully compensate for this. Nevertheless, it is incumbent upon we researchers in this area to keep on top of the literature as best we can in all of the diverse areas we are studying, so that to the extent possible our data will be addressing itself to the current issues and questions in each of the fields it is studying.

Although we pointed to numerous instances in which we thought our data might have potential application in educational settings, the question remains of dissemination of the data in such a way as to encourage its use in this way. No mechanisms exist for doing this, at least in terms of most of the educational settings discussed. One exception of course is in terms of "enlightenment" of policy makers. They do in fact have immediate access to social indicator reports of this kind, particularly in Ireland where surveys are distributed to government departments and are well reported in the media. If Campbell (1976) was correct that one of the major contributions to be made by social indicator research is by restructuring "the decision maker's cognitive and affective map of society (p. 123)", then this may be the major educational implication of social indicator surveys. If it is felt that such surveys in fact have wider educational implications, the whole issue of dissemination of results so that they can contribute to curriculum is a question which would require further thought.

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APPENDIX - TABLES

Table 1

Experience of "Urgent" Medical Advice or Treatment

During the Last 12 Months

a. Difficulty in contacting a doctor (n = 623)

No Difficulty	81.2
Some Difficulty	13.2
A lot of Difficulty	<u>5.6</u>
	100%

b. Delay between contact and receiving medical treatment (or advice) (n = 620)

No Delay	73.7
Some Delay	17.9
A lot of Delay	<u>8.4</u>
	100%

c. Satisfaction with the treatment (or advice) (n = 620)

Complete Satisfaction	72.4
Part Satisfaction	22.9
Dissatisfaction	<u>4.7</u>
	100%

d. The people giving the medical treatment (or advice) were (n = 622)

....friendly and kind	75.7
....quite alright	17.8
....rather brusque and impersonal	<u>6.4</u>
	99.9%

e. The people giving the medical treatment or advice (n = 623)

....explained things fully	68.2
.... explained things partially	20.7
....didn't explain things at all	<u>11.1</u>
	100%

f. Final cost to the person (n = 595)

Nothing	47.1
A reasonable amount	38.0
Rather high	<u>15.0</u>
	100%

Table 2

Experience with a Doctor in Ordinary Circumstances Within the Past 12 Months

Have you experienced ...			If experienced, was this found				
	Yes	No	Very disturbing	Fairly disturbing	A little disturbing	Not at all disturbing	
1. Having to make an appointment	35.2 (n = 1124)	64.8	2.3	5.4 (n = 391)	12.0	80.3	=100%
2. Having to make an appointment a long time in advance	6.2 (n=1121)	93.8	17.6	30.9 (n = 68)	16.2	35.3	=99.9%
3. Waiting a long time at the doctor's office to see the doctor	33.3 (n=1121)	66.7	16.3	19.5 (n = 369)	32.2	32.0	=100%
4. Feeling that too little time is spent by the doctor on consultation	11.9 (n=1121)	88.1	23.1	30.0 (n = 130)	40.8	6.2	=100.1%
5. Feeling that the doctor has not given enough information about what's wrong	18.2 (n=1121)	81.8	22.5	31.5 (n = 200)	38.5	7.5	=100%
6. Trying to contact a doctor during week-end or holidays	11.1 (n=1121)	88.9	27.9	19.7 (n = 122)	20.5	32.0	=100%
7. Feeling the doctor is unwilling to make home visits	7.4 (n=1121)	92.6	35.8	24.7 (n = 81)	24.7	14.8	=100%
8. Problems with administrative procedures, getting and filling forms	5.4 (n=1119)	94.6	14.0	28.1 (n = 57)	35.1	22.8	=100%

Deviation of totals from 100% is due to rounding error.

Table 3

Experiences During Last Stay in Hospital

	Experienced	Not Experienced	If Experienced, was this found:				
			Very disturbing	Fairly disturbing	A little disturbing	Not at all disturbing	
1. Lack of privacy	15.0	85.0 (n = 731)	17.4	28.4 (n=282)	36.7	17.4	=99.9%
2. Rigid timetable for waking up and meals	39.0	61.0 (n = 729)	21.6	20.6 (n=282)	30.9	27.0	=100.1%
3. Poor quality food	19.2	80.8 (n = 730)	25.0	27.9 (n=140)	33.6	13.6	=100.1%
4. Not enough food	6.7	93.3 (n = 730)	18.4	40.8 (n=49)	28.6	12.2	=100%
5. Unpleasant Surroundings	6.7	93.3 (n = 728)	22.4	46.9 (n=49)	22.4	8.2	=99.9%
6. Rigid visiting hours	20.6	79.4 (n = 729)	17.0	27.9 (n=147)	37.4	17.7	=100%
7. Not enough television/ radio	12.5	87.5 (n = 730)	12.2	20.0 (n=90)	33.3	34.4	=99.9%
8. Not enough doctors or nurses	6.5	93.5 (n = 729)	32.6	32.6 (n=46)	30.4	4.4	=100%
9. Doctors or nurses were unfriendly	5.5	94.5 (n = 729)	27.5	20.0 (n=40)	37.5	15.0	=100%
10. Doctors or nurses did not give enough information about the condition	16.8	83.2 (n = 730)	34.4	28.7 (n=122)	27.0	9.8	=99.9%
11. Feeling unable to influence what was going on	17.4	82.6 (n = 729)	31.0	31.7 (n=126)	27.0	10.3	=100%

Deviation of totals from 100% is due to rounding error.

Table 4
Mean Scores of 16 Sub-Groups on 5 Social Indicators of Health
(N = 2019)

<u>Sub-Groups</u>	Self- Assessed Health (1 = very good 5 = very bad)	Functional Ability (Range from 7 hi to 28 lo)	No. symptoms in last 4 weeks	No. Doctor Contacts for symptoms in last 4 weeks	Sat. with Health Services (1 = very sat.; 4 = very dissat.)
1. Low inc., young, rural males	1.49	7.48	.57	.12	1.88
2. Low inc., young, rural females	1.43	7.47	1.34	.38	1.43
3. Low inc., young, urban males	1.49	7.26	.77	.63	1.95
4. Low inc., young, urban females	1.94	7.85	2.31	.69	2.13
5. Low inc., old, rural males	2.05	9.49	1.44	.45	1.65
6. Low inc., old, rural females	2.30	10.73	2.33	.55	1.62
7. Low inc., old, urban males	2.14	9.50	1.66	.64	1.65
8. Low inc., old, urban females	2.17	10.86	2.49	.76	1.72
9. Hi inc., young, rural males	1.21	7.18	.55	.14	1.59
10. Hi inc., young, rural females	1.40	7.27	.90	.27	1.84
11. Hi inc., young, urban males	1.35	7.19	.63	.27	1.87
12. Hi inc., young, urban females	1.40	7.33	1.46	.45	1.81
13. Hi inc., old, rural males	1.58	8.20	.74	.20	1.53
14. Hi inc., old, rural females	1.72	8.64	1.39	.49	1.69
15. Hi inc., old, urban males	1.68	7.94	1.27	.42	1.94
16. Hi inc., old, urban females	1.84	8.54	1.76	.50	1.93
Total	1.75	8.57	1.39	.44	1.73
S.D.	0.89	3.00	1.95	1.25	0.88

Table 5

Relationships Between Living Conditions and Social Attitudes
(N = 2019)

LIVING CONDITIONS	SOCIAL ATTITUDES					
	Anomia	Life Satis. and Self-Esteem	Polit. Scept.	Econ. Pess.	State vs. Priv. Own.	Supp. Econ. Rest.
1. Satisfaction with Housing	-.18	.17	-.10	-.13	-.14	.10
2. Satisfaction with Neighbourhood	-.22	.14	-.09	-.10	-.13	.07
3. Index of Household Applian- ces and Accessories	-.18	.22	-.18	-.17	-.25	.12
4. Index of Household Amenities	-.06	.12	-.08	-.05	-.16	.05
5. Self-Assessed Health	-.22	.24	-.12	-.16	-.10	.05
6. Functional Ability	-.14	.16	-.08	-.10	-.08	.02

Note: With an N of 2019, a correlation $\geq .07$ is significant at the .001 level; a correlation $\geq .10$ is significant at the .0001 level.

Table 6

Relationships Between Social Psychological Attitudes and
Attitudes to Socio-Economic Issues

(N = 2019)

Social-Psychological Attitudes	Attitudes to Socio-Economic Issues		
	Economic Pessimism	State vs. Private Ownership	Support for Economic Restraint
1. Life Satisfaction and Self-Esteem	-.18	-.10	.08
2. Political Scepticism	.21	.16	-.04
3. Religious Commitment	-.05	-.07	.07
4. Trust in People	-.11	-.04	.05
5. Anomia	.17	.14	-.07

Note: With an N of 2019, a correlation $\geq .07$ is significant at the .001 level; a correlation $\geq .10$ is significant at the .0001 level.

TABLE 7: Summary of Analysis of Variance Results: Source Level Means for Main Effects of 3 Independent Variables on Satisfaction^(a) with Aspects of Work
(N = 721 employees in industry and services)

Satisfaction with:	Sex		Age				SES			Significant Interaction Effects
	Male (N = 495)	Female (N = 226)	18 - 24 (N = 170)	25 - 39 (N = 255)	40 - 54 (N = 176)	55+ (N = 89)	Low (N = 323)	Med. (N = 236)	High (N = 162)	
1. Work environment	3.25	3.42	3.36	3.16	3.45	3.40	3.16	3.45	3.38	None
2. Importance of respondent's work in the eyes of the public	3.42	3.47	3.44	3.38	3.47	3.53	3.40	3.47	3.46	None
3. Content and type of work	3.48	3.50	3.46	3.44	3.53	3.62	3.39	3.49	3.68	None
4. Safety and health protection	3.39	3.62	3.52	3.37	3.53	3.52	3.30	3.55	3.66	None
5. Relationships with fellow workers	3.75	3.78	3.80	3.73	3.82	3.69	3.75	3.78	3.77	None
6. Relationships with superiors	3.62	3.66	3.62	3.56	3.78	3.65	3.57	3.67	3.72	Age x SES F = 2.15*
7. Amount and type of information on work and place of employment	3.40	3.48	3.49	3.32	3.55	3.45	3.38	3.45	3.48	None
8. Participation in work decision-making	3.15	3.19	3.02	3.15	3.33	3.20	3.00	3.16	3.48	Sex x Age F = 2.82*
9. Arrangement of working hours, holidays, overtime	3.33	3.43	3.38	3.33	3.36	3.45	3.27	3.42	3.49	Sex x Age F = 2.9*
10. Stress due to nature and pace at work	3.17	3.30	3.38	3.15	3.21	2.90	3.18	3.26	3.20	Age x Sex F = 2.9*
11. Promotion prospects	2.82	2.90	2.86	2.80	2.98	2.76	2.71	2.88	3.14	Age x Sex F = 4.1**
12. Opportunities for further training	2.75	2.88	2.79	2.68	3.04	2.79	2.67	2.82	3.02	Age x Sex F = 2.9*
13. Earnings	2.89	3.05	2.90	2.90	3.07	3.00	2.86	2.93	3.14	None
14. Protection from dismissal	3.35	3.39	3.27	3.31	3.53	3.62	3.34	3.30	3.51	None
15. Provision of enough material, equipment and staff to complete work	3.20	3.34	3.36	3.13	3.32	3.23	3.26	3.26	3.17	None
16. Autonomy at work	3.27	3.40	3.28	3.30	3.31	3.43	3.08	3.44	3.56	None

** = $p < .001$
 * = $p < .01$
 • = $p < .05$

(a) Satisfaction measured on a four-point scale: 1 = very dissatisfied, 4 = very satisfied

Table 8: Stepwise multiple regression analysis of predictors of satisfaction
with present work^a for high SES^b employed persons
(N = 243)

Predictor Variables (in order of inclusion)	Cumulative Multiple R	Cumulative R ²	Final Equation			
			Beta	Std. Error of Beta	F Value	
1. Satisfaction with earnings ^a	.48	.23	.30	.05	31.55***	
2. Satisfaction with content and type of work ^a	.57	.33	.22	.06	16.60***	
3. Satisfaction with relations with superiors ^a	.60	.36	.18	.05	10.52**	
4. Satisfaction with health ^a	.62	.39	.18	.05	11.69***	
5. Involvement in work ^c	.64	.41	.16	.05	9.34**	
MULTIPLE R FOR FINAL EQUATION		ANALYSIS OF VARIANCE FOR FINAL EQUATION				
Multiple R ₂ = .64		Source	SS	df	MS	F
R ² = .41		Regression	30.92	5	6.18	33.17***
Standard Error of fitted Y = .43		Residual	44.18	237	0.19	

a. Four-point scale: 1 = very dissatisfied; 4 = very satisfied.

b. Hall-Jones categories 6 - 8.

c. Four-point scale: 1 = not involved; 4 = very involved.

** p < .01

*** p < .001

Table 9: Stepwise multiple regression analysis of predictors of satisfaction with present work^a for low SES^b employed persons

(N = 222)

Predictor Variables (In order of inclusion)	Cumulative Multiple R	Cumulative R ²	Final Equation		
			Beta	Std. Error of Beta	F Value
1. Satisfaction with content and type of work ^a	.50	.25	.34	.06	33.6***
2. Involvement in work ^c	.56	.31	.27	.06	23.1***
3. Satisfaction with earnings ^a	.62	.38	.27	.06	22.6***

MULTIPLE R FOR FINAL EQUATION		ANALYSIS OF VARIANCE FOR FINAL EQUATION				
Multiple R ₂	= .62	Source	SS	df	MS	F
R	= .38	Regression	36.46	3	12.15	44.38***
Standard Error of fitted Y	= .52	Residual	59.69	218	.27	

a. Four-point scale: 1 = very dissatisfied; 4 = very satisfied

b. Hall-Jones categories 6 - 8

c. Four-point scale: 1 = not involved; 4 = very involved.

*** p < .001

TABLE 10

PERCENTAGE DISTRIBUTIONS OF RESPONSES ON 12 BI-POLAR SCALES COMPRISING 4 ISSUE

DIFFERENTIAL FACTORS TAPPING ATTITUDES TO "CO-EDUCATION" * (N = 2019)

FACTOR I: Evaluation

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Good	40.5	22.0	6.7		4.0	4.6	6.4	Bad	
		<u>69.2</u>		15.8		<u>15.0</u>			= 100%
Useful	36.2	26.4	10.6		4.9	5.3	5.0	Useless	
		<u>73.2</u>		11.6		<u>15.2</u>			= 100%
Fair	29.7	27.7	10.0		5.3	3.9	3.8	Unfair	
		<u>67.4</u>		19.5		<u>13.0</u>			= 100%

FACTOR II: Feasibility

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Easy	18.6	21.2	8.0		11.4	12.0	12.9	Difficult	
		<u>47.8</u>		15.8		<u>36.3</u>			= 100%
Non-Controversial	10.6	7.0	5.4		17.1	21.5	21.1	Controversial	
		<u>23.0</u>		17.1		<u>59.7</u>			= 100%
Cheap	8.3	10.0	6.0		13.0	16.9	17.6	Costly	
		<u>24.3</u>		28.0		<u>47.5</u>			= 100%

FACTOR III: Importance

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Relevant	26.5	27.2	15.4		4.5	5.7	4.9	Irrelevant	
		<u>69.1</u>		15.7		<u>15.1</u>			= 100%
Significant	24.5	29.0	15.1		4.7	5.2	3.1	Insignificant	
		<u>68.6</u>		18.3		<u>13.0</u>			= 100%
Important	34.3	26.2	12.1		3.7	4.6	4.9	Unimportant	
		<u>72.6</u>		14.2		<u>13.2</u>			= 100%

FACTOR IV: Familiarity

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Well known	24.3	25.6	16.9		8.4	6.3	4.9	Unknown	
		<u>66.8</u>		13.6		<u>19.6</u>			= 100%
Prominent	16.2	26.5	18.7		7.0	7.2	5.1	Inconspicuous	
		<u>61.4</u>		19.2		<u>19.3</u>			= 100%
Familiar	17.7	25.1	18.4		8.2	7.9	5.8	Unfamiliar	
		<u>61.2</u>		16.8		<u>21.9</u>			= 100%

* Any slight deviation of actual totals from 100% is the result of rounding error.

TABLE 11

PERCENTAGE DISTRIBUTIONS OF RESPONSES ON 12 BI-POLAR SCALES COMPRISING 4 ISSUE
DIFFERENTIAL FACTORS TAPPING ATTITUDES TO "NON-RELIGIOUS DIRECTION AND CONTROL
OF SCHOOLS" (N = 2019)

FACTOR I: Evaluation

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Good	14.7	12.3	5.5		8.6	14.6	31.6	Bad	
		<u>32.5</u>		12.8		<u>54.8</u>			= 100%
Useful	17.2	15.6	9.0		10.5	12.8	17.7	Useless	
		<u>41.8</u>		17.3		<u>41.0</u>			= 100%
Fair	11.8	16.0	9.4		10.8	11.0	20.1	Unfair	
		<u>37.2</u>		20.9		<u>41.9</u>			= 100%

FACTOR II: Feasibility

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Easy	8.0	11.3	7.6		11.4	18.7	27.7	Difficult	
		<u>26.9</u>		15.3		<u>57.8</u>			= 100%
Non-Controversial	5.0	4.1	2.9		14.4	24.5	33.9	Controversial	
		<u>12.0</u>		15.3		<u>72.8</u>			= 100%
Cheap	5.7	6.3	5.6		10.3	22.2	23.6	Costly	
		<u>17.6</u>		26.3		<u>56.1</u>			= 100%

FACTOR III: Importance

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Relevant	21.1	22.3	14.6		7.0	7.4	9.9	Irrelevant	
		<u>58.0</u>		17.7		<u>24.3</u>			= 100%
Significant	19.6	24.7	16.1		6.3	6.5	6.6	Insignificant	
		<u>60.4</u>		20.3		<u>19.4</u>			= 100%
Important	28.8	20.2	10.0		6.5	6.3	11.1	Unimportant	
		<u>59.0</u>		17.1		<u>23.9</u>			= 100%

FACTOR IV: Familiarity

	Very	Quite	Slightly	Equally	Slightly	Quite	Very		
Well known	16.4	21.1	16.7		10.5	8.7	11.0	Unknown	
		<u>54.2</u>		15.6		<u>30.2</u>			= 100%
Prominent	14.6	22.7	17.7		9.0	7.0	6.9	Inconspicuous	
		<u>55.0</u>		22.1		<u>22.9</u>			= 100%
Familiar	12.1	18.9	19.8		9.9	9.1	12.2	Unfamiliar	
		<u>50.8</u>		18.0		<u>31.2</u>			= 100%

+ Any slight deviation of actual totals from 100% is the result of rounding error.